

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lilibeth Badua E-ARCH	CHAPTER 100.1
Address: 4318 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: January 14, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> No "regular, mechanically soft" diet menu.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I included mechanically soft on my menu & posted as required, also called "the Villas" clarified diet ordered & follow up visit done with PCP, where both the Villas & PCP clarified resident on Regular diet.</i></p>	<p style="text-align: right;"><i>1-15-20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> No "regular, mechanically soft" diet menu.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>> So that this will not happen again in the future, I will make sure to check & clarify prior to admission the resident's diet order</p> <p>> I will prepare and include special diets on the menu prior to admitting a resident</p> <p>> I will train substitute caregivers how to prepare & follow ordered diet & to include resident's preferred foods on the menu</p> <p>> I will obtain clarification from MD the updated or correct diet order</p> <p>> Make sure all diet for residents will be posted & placed in the dining area for the residents and department to review.</p>	<p style="text-align: right;">1-15-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation. (c)</u> Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator temperature was 52° F.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Refrigerator now is equipped with new appropriate thermometer and temperature is now maintained at 45°F or lower as required.</i> </p>	1-15-20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator temperature was 52° F.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that daily check 1-15.20 will be done by all caregivers, and do adjustment as needed to maintain required temperature.</p> <p>(picture attached for current temperature)</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Resident #1 - Opened bottle of "calcitonin (salmon) nasal spray" was not stored in the upright position.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Opened bottle of nasal spray now maintained to store in an upright position by placing it in a container that holds it upright at all times, also informed & instructed all caregivers to be aware that nasal spray should be always on upright position for its purpose for proper condition.</p>	<p style="text-align: right;">1-15-20</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Resident #1 - Opened bottle of "calcitonin (salmon) nasal spray" was not stored in the upright position.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will make sure all nasal sprays will be kept tightly close in its container & will store opened bottle at room temperature & always in an upright position</p> <p>I will train & encourage all caregivers to read medication guides to residents to know more about each medication & proper handling.</p> <p>I will put a sign "Always keep bottle on upright position" and also on medication record to write as a reminder "Always keep bottle on upright position"</p>	1-15-20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> "Fluticasone propionate nasal spray" for another resident was found with the current supply of medication for Resident #1. Corrected on the day of the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order for oxygen use.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called "the Villas" asked about the order for the use of Oxygen. Prior to admission received oxygen equipment and supplies at home but order not included in the discharge instructions. Verified with the Villas and received via fax an order to use oxygen and instructions.</i></p>	<p style="text-align: right;">1-15-20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - potassium chloride ER 20 mEq tablet extended release 1 tablet" ordered on 1/8/20 (discharge instructions). The label noted "2 tabs orally." There were two (2) tablets in each bubble pack.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>After notification & clarification from the 1-15-20 "Villas" since there were 2 tabs in each bubble pack (20mEq/tab) what I did was I put tape at the back of the bubble pack where I took only one tablet as ordered then placed the whole bubble pack in a large zipper bag labeled outside the bag with corrected dosage instruction as in the discharge instruction while waiting for the follow up visit & PCP scheduled 1/18/20 where a refill of the medicine & the updated dosage & label as ordered received. While waiting for the scheduled appointment I notified & instructed all caregivers about the correct dose to be given as clarified 1 tablet while waiting for the new bottle of medicine.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "potassium chloride ER 20 mEq tablet extended release 1 tablet" ordered on 1/8/20 (discharge instructions). The label noted "2 tabs orally. " There were two (2) tablets in each bubble pack.</p>	<p>PLAN OF CORRECTION</p> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>at the facility where I will take future residents for admission I will make sure to check doctors' orders, verify/clarify every medications with RN for correct orders, should match with the labels to make sure this will not happen again.</i></p>	1-15-20

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "carvedilol 12.5 mg tab 12.5 mg daily" ordered on 1/8/20 (discharge instructions). The label noted "2 tabs orally."	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p> I verified and clarified the order which was in the discharge instruction as correct. Followed the order. I put the whole bottle in a large container bag or Ziploc bag, label changed and corrected by rewriting the label outside the bag, while waiting for the scheduled follow up 1/18/20 CD PCP to refill & update all medicines. I verified & instructed all caregivers & aware about this issue. I also Documented on progress note. </p>	1-15-20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "carvedilol 12.5 mg tab 12.5 mg daily" ordered on 1/8/20 (discharge instructions). The label noted "2 tabs orally."</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Before taking a resident I will make sure that I check medication orders & labels & when I notice any discrepancy I will verify right away & correct it from there.</i></p>	<p style="text-align: right;">1-15-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. <u>FINDINGS</u> Resident #1 - No physician order for "vitafusion calcium gummy" found with current supply of medication. Primary care giver stated she is not giving the medication.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called "the Villas" to verify about the medicine found with current supply of medication that I did not give. It was clarified as discontinued from the Villas.</i></p>	<p style="text-align: right;"><i>1-15-20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 - No schedule of activities.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have developed, made schedule of activities for resident implemented daily, reviewed & updated as needed and followed back as planned by all caregivers.</i></p>	<p style="text-align: right;"><i>1-15-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 - No schedule of activities.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>In the future when I will be assessing a resident prior to admission I will make sure to include to ask or find out what activities a resident wanted to do, the special needs, likes & dislikes to formulate a plan of care & schedule of activities.</p> <p>I will make sure a time schedule of activities will be agreed upon and implemented right away and will let other caregivers to follow & be implemented.</p> <p>I will make sure schedule of activities will be completed & placed in residents' chart and document involvement of residents on daily activities in the chart. I will provide a copy of activities to resident to know the schedule.</p>	1-15-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 - No inventory of possessions.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u> PART 1 USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I did inventory to all belongings accounted & recorded all personal belongings / possessions: clothing, labelling, equipments, valuables, jewelry & money</i></p>	<p><i>1-15-20</i></p>

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<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 - No inventory of possessions.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will make sure 1-15-20 to do the inventory of belongings & valuables completed on admission day and put it in the resident's chart.</p> <p>In the future I will set a time of admission in the morning to have more time to do the inventory especially if the resident brings plenty of things.</p> <p>In the future I will make sure to prepare a check list of what to be completed on admission day while include the inventory of possessions.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Resident register was written in pencil and did not record three (3) resident admissions. One (1) of the three (3) residents has been discharged.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I used ball pen to write on the resident register, recorded all current & new residents & entered information about resident that was discharged.</i></p>	<p style="text-align: right;">1-15-20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E)</p> <p>Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u></p> <p>No facility policy and procedure for surveillance camera use in the bedrooms.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I made a facility's policy and procedure for the use of surveillance camera that all caregivers were trained for its use purpose, together with a consent form to be signed by resident or legal representative on admission day to be aware of its purpose.</i></p> <p><i>attached: copy of policy's procedure</i></p>	<p><i>1-15-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> No facility policy and procedure for surveillance camera use in the bedrooms.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>I will make sure that a copy of the policy & procedure will be kept on caregivers folder so that it will be readily available at all times for review by all caregivers and DOH inspectors.</p>	<p>1-15-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. FINDINGS Two (2) spare emergency oxygen tanks were unsecured in the resident's bedroom.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>A chair and metal strap were installed, secured from the wall to keep Oxygen tanks in place at all time in resident's bedroom.</i></p> <p><i>attached: picture of secured Oxygen tanks</i></p>	<p style="text-align: right;"><i>1-15-20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. <u>FINDINGS</u> Two (2) spare emergency oxygen tanks were unsecured in the resident's bedroom.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future a chain, or metal 1-15-20 strap on/and carrier for Oxygen tank will always be readily available to be installed to secure tanks right away on admission day and to train all caregivers should be checked daily if it is in proper place or in good working condition for additional specialized care of Oxygen use.</p> <p>To always keep in mind think for "safety first" for the entire facility for the residents & caregivers.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p><u>FINDINGS</u> Resident #1 - Level of care on 1/3/20 was documented as "SNF," however, there was no clarification of the level of care. No case management services initiated.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called "the Villas" to verify & clarify the level of care of the resident & it was corrected to be ARCH level not SNF.</i></p>	<p><i>1-15-20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: <u>FINDINGS</u> Resident #1 - Level of care on 1/3/20 was documented as "SNF;" however, there was no clarification of the level of care. No case management services initiated.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will make sure to check or clarify the MD's order for level of care & should be updated or discharge instruction before admitting the resident and if there is any discrepancy of paper works I will clarify right away before taking the resident.</p> <p>In the future if in care a resident is expanded ARCH a case management service will be chosen first by resident or family. CM will initiate before taking the resident I will document on chart clarification of level of care.</p>	1-15-20

Licensee's/Administrator's Signature: Yilibeth Badua

Print Name: LILIBETH BADUA

Date: 3-30-20

Licensee's/Administrator's Signature: Yilibeth Badua

Print Name: LILIBETH BADUA

Date: 7-3-20